

DALL

COUNTY HOSPITAL DISTRICT

5201 HARRY HINES BOULEVARD

DALLAS 35, TEXAS

PARKLAND MEMORIAL HOSPITAL
5201 HARRY HINES BOULEVARD

WOODLAWN HOSPITAL
3819 MAPLE AVENUE

November 23, 1963

George G. Burkley, M.D.
White House
Washington, D.C.

Dear Dr. Burkley,

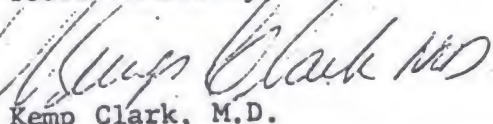
As you requested, I enclose an abstract of the admission of the late President John F. Kennedy to Parkland Memorial Hospital, Dallas, Texas.

This summary is prepared from the statements of several physicians who were present and administered to the President. Their statements were written the afternoon of the tragedy.

We have kept three copies of this report locally. One has been sent to the Dean's Office, The University of Texas Southwestern Medical School, as all the physicians in attendance hold positions there. One copy has been attached to the medical record in Parkland Memorial Hospital. I have retained one copy for my files.

Please accept this report with my deepest sympathy. Should you see Mrs. Kennedy, would you convey the deep feelings of grief and sorrow of the entire Staff of Parkland Memorial Hospital. My own personal feelings of loss and tragedy go with this letter.

Yours sincerely,



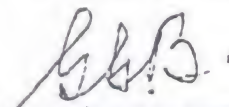
Kemp Clark, M.D.

Director

Service of Neurological Surgery

KC:aa

cc to Dean's Office, Southwestern Medical School
cc to Medical Records, Parkland Memorial Hospital



SUMMARY

The President arrived at the Emergency Room at 12:43 P.M., the 22nd of November, 1963. He was in the back seat of his limousine. Governor Connally of Texas was also in this car. The first physician to see the President was Dr. James Carrico, a Resident in General Surgery.

Dr. Carrico noted the President to have slow, agonal respiratory efforts. He could hear a heartbeat but found no pulse or blood pressure to be present. Two external wounds, one in the lower third of the anterior neck, the other in the occipital region of the skull, were noted. Through the head wound, blood and brain were extruding. Dr. Carrico inserted a cuffed endotracheal tube. While doing so, he noted a ragged wound of the trachea immediately below the larynx.

At this time, Dr. Malcolm Perry, Attending Surgeon, Dr. Charles Baxter, Attending Surgeon, and Dr. Ronald Jones, another Resident in General Surgery, arrived. Immediately thereafter, Dr. M. T. Jenkins, Director of the Department of Anesthesia, and Doctors Giesecke and Hunt, two other Staff Anesthesiologists, arrived. The endotracheal tube had been connected to a Bennett respirator to assist the President's breathing. An Anesthesia machine was substituted for this by Dr. Jenkins. Only 100% oxygen was administered.

A cutdown was performed in the right ankle, and a polyethylene catheter inserted in the vein. An infusion of lactated Ringer's solution was begun. Blood was drawn for type and crossmatch, but unmatched type "O" RH negative blood was immediately obtained and begun. Hydrocortisone 300 mgms was added to the intravenous fluids.

Dr. Robert McClelland, Attending Surgeon, arrived to help in the President's care. Doctors Perry, Baxter, and McClelland began a tracheostomy, as considerable quantities of blood were present from the President's oral pharynx. At this time, Dr. Paul Peters, Attending Urological Surgeon, and Dr. Kemp Clark, Director of Neurological Surgery, arrived. Because of the lacerated

SUMMARY

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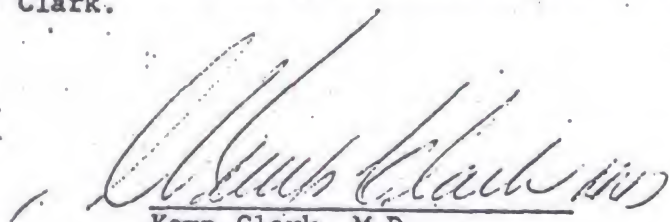
trachea, anterior chest tubes were placed in both pleural spaces. These were connected to sealed underwater drainage.

Neurological examination revealed the President's pupils to be widely dilated and fixed to light. His eyes were divergent, being deviated outward; a skew deviation from the horizontal was present. No deep tendon reflexes or spontaneous movements were found.

There was a large wound in the right occipitoparietal region, from which profuse bleeding was occurring. 1500 cc. of blood were estimated on the drapes and floor of the Emergency Operating Room. There was considerable loss of scalp and bone tissue. Both cerebral and cerebellar tissue were extruding from the wound.

Further examination was not possible as cardiac arrest occurred at this point. Closed chest cardiac massage was begun by Dr. Clark. A pulse palpable in both the carotid and femoral arteries was obtained. Dr. Perry relieved on the cardiac massage while a cardiotoscope was connected. Dr. Fouad Bashour, Attending Physician, arrived as this was being connected. There was electrical silence of the President's heart.

President Kennedy was pronounced dead at 1300 hours by Dr. Clark.



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